| Schedule E) | FOR SE OF FORM 24/48 |
|---|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| | O times is |
| Check if 24-hour report 48-hour report New report Amends report filed | on |
| Full Name of Payee Elvis Spears | Date of Public Distribution/Dissemination |
| | 11 23 2014 |
| Mailing Address 2150 Hope St | Amount |
| City State Zip Code | 60.00 |
| New Orleans LA 70119 | Transaction ID: bdc6d414-3162-4d56-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office | e Sought: House District:00 |
| Ms. Mary L Landrieu Oppose | President State: LA State: |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement For: Primary X General Other (specify) ▶ |
| Full Name of Payee Elvis Spears | Date of Public Distribution/Dissemination |
| Mailian Addus as | 11 23 2014 |
| Mailing Address 2150 Hope St | Amount |
| City State Zip Code | 10.50 |
| New Orleans LA 70119 | Transaction ID: 0a9c67f5-8627-479d-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 11 23 / 2014 |
| Name of Federal Candidate Support Office | e Sought: House District: 00 |
| Ms. Mary L Landrieu Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement For: Primary X General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures. | 70.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | • |
| Ms. Emily Buchanan [Electronically Filed] Date 1 | 1 25 2014 |
| Signature | |

| Schedule E) | I EXI EILD | | | PAGE 2 OF 29 FOR SE OF FORM 24/48 |
|---|------------------|-----------------------|-----------------------|---|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | | = M / D = D / Y = Y = Y |
| Full Name of Payee Cynthia J Christmas | | | | of Public Distribution/Dissemination |
| Mailing Address 1731 Frenchmen St | | | Amou | 11 23 2014 nt |
| City | State | Zip Code | | 70.00 |
| New Orleans | LA | 70116 | | action ID : 4c870b57-5452-4f73-b of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sough | t: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Preside | |
| Calendar Year-To-Date Per Election for Office Sought | 3 | 300284.61 | Disbursemen 2014 O | t For: Primary X General ther (specify) ▶ |
| Full Name of Payee | | | Date | of Public Distribution/Dissemination |
| Cynthia J Christmas | | | | 11 23 2014 |
| Mailing Address 1731 Frenchmen St | | | Amou | nt |
| City | State | Zip Code | | 9.00 |
| New Orleans | LA | 70116 | | oction ID: de5dc330-95b5-4547-b of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 11 23 / 2014 |
| Name of Federal Candidate | | Support | Office Sough | nt: House District:00 |
| Ms. Mary L Landrieu | | X Oppose | Preside | |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 300284.61 | Disbursemer 2014 | nt For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditure | es | | | 79.00 |
| (b) SUBTOTAL of Unitemized Independent Expendit | ures | | • | |
| (c) TOTAL Independent Expenditures | | | · - | 7 |
| Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its | te or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 / | 25 / 2014 |

| Schedule E) | INT EXICINE | ITOTILO | | PAGE 3 OF 29 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|----------------------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC II | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | rt filed on | / D = D / Y = Y = Y |
| Full Name of Payee Francis Richardson | | | M = M | c Distribution/Dissemination |
| Mailing Address 220 Doucet Rd | | | Amount | 23 2014 |
| City | State | Zip Code | | 30.00 |
| Lafayette | LA | 70503 | | ID: 46a6615f-a0b0-455e-b ursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 11 | 23 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 3 | 300284.61 | Disbursement For: 2014 Other (sp | Primary |
| Full Name of Payee Francis Richardson | | | | ic Distribution/Dissemination |
| Mailing Address 220 Doucet Rd | | | 11 | 23 2014 |
| 220 Doucet Nu | | | Amount | |
| City | State | Zip Code | | 0.78 |
| Lafayette Purpose of Expenditure | LA | 70503 | | D: dc368924-9ec0-481e-8 ursement or Obligation |
| Mileage | | Category/ Type 002 | 11 | 23 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 300284.61 | Disbursement For: 2014 Other (s | Primary X General |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | | 30.78 |
| (b) SUBTOTAL of Uniternized Independent Exper | nditures | | | |
| () | | | | 7 7 |
| (c) TOTAL Independent Expenditures | | | • | |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragery committee) any political party committee or | idate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 / 25 | 2014 |
| - 3 | | | | |

| Schedule E) | LIVI EXI END | HONES | | PAGE 4 OF 29 FOR SE OF FORM 24/48 |
|--|----------------------|-----------------------|-------------------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEO | C IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report 48-hour report | X New rep | oort Amends repo | ort filed on | / D = D / Y = Y = Y |
| Full Name of Payee | | | Date of Po | ublic Distribution/Dissemination |
| Lilly Green | | | M M | / D D / Y Y Y Y Y Y 2014 |
| Mailing Address 205 Medallion Circle | | | Amount | |
| City | State | Zip Code | | 40.00 |
| Shreveport | LA | 71119 | | on ID: 053e42cd-62bd-4d08-9 isbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M - M 11 | 23 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 300284.61 | Disbursement Fo 2014 Other | r: Primary X General (specify) ▶ |
| Full Name of Payee | | | Date of P | ublic Distribution/Dissemination |
| Lilly Green | | | 11 | 23 / 2014 |
| Mailing Address 205 Medallion Circle | | | Amount | |
| City | State | Zip Code | | 48.60 |
| Shreveport | LA | 71119 | | n ID : f0b3ff12-ee4b-41c7-b isbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 | 23 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | Oppose | President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 300284.61 | Disbursement Fo | r: |
| (a) SUBTOTAL of Itemized Independent Expend | itures | | | 88.60 |
| # \ - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | • | 7 7 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 1 7 1 7 |
| Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or | didate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | | 2014 |
| • | | | | |

| Schedule E) | , | | | PAGE 5 OF 29 FOR SE OF FORM 24/48 |
|---|-------------------|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | | = M / D = D / Y = Y = Y |
| Full Name of Payee Jerome M Weil | | | | of Public Distribution/Dissemination |
| Mailing Address 101 Durham Drive | | | Amou | 11 23 2014 nt |
| City | State | Zip Code | | 15.00 |
| Lafayette | LA | 70508 | | action ID : 4dc42328-b778-4b48-9 of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | N | 11 23 / 2014 |
| Name of Federal Candidate | | Support | Office Sough | t: House District: 00 |
| Ms. Mary L Landrieu | | Oppose | Preside | ent State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 7 1 1 7 | 300284.61 | Disbursemen 2014 O | ther (specify) ▶ |
| Full Name of Payee | | | Date | of Public Distribution/Dissemination |
| Jerome M Weil | | | | 11 23 2014 |
| Mailing Address 101 Durham Drive | | | Amou | int |
| City | State | Zip Code | | 3.00 |
| Lafayette Purpose of Expenditure | LA | 70508 | | action ID: cba9ee6f-7c57-406b-b of Disbursement or Obligation |
| Mileage | | Category/ Type 002 | | 11 23 / 2014 |
| Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Presid | |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 300284.61 | Disbursemer 2014 | nt For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | | 18.00 |
| (b) SUBTOTAL of Unitemized Independent Expendent | itures | | . . | |
| (c) TOTAL Independent Expenditures | | | · • | |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | ate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | e 11 | 25 / 2014 |

| · · · · · · · · · · · · · · · · · · | | | | | FOR SE OF | FORM 24/48 |
|---|-------------------|-------------------|--------------------|----------------------|--------------------------------|--------------------|
| NAME OF COMMITTEE (In Full) | | | | FEC I | DENTIFICATIO | N NUMBER ▼ |
| Women Speak Out PAC | | | | C | C00530766 | |
| Check if 24-hour report 48-hour report | New rep | ort Amends | report filed o | on M M | / D = D / | Y Y Y |
| Full Name of Payee | | | | Date of Publ | ic Distribution/[| Dissemination |
| Aaron R Cowart | | | | 11 | 23 | 2014 |
| Mailing Address 184 South Military Rd | | | | Amount | | |
| City | State | Zip Code | | · · · · · | | 40.00 |
| Slidell | LA | 70458 | | | ID: 78631401- ursement or O | |
| Purpose of Expenditure Salary | | Category/ Type | 001 | M 11 | 23 | 2014 |
| Name of Federal Candidate | | Suppor | rt Office | Sought: | House [| District: 00 |
| Ms. Mary L Landrieu | | Noppos | e [| President [| X Senate | State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , ; | 300284.61 | Disburs 2014 | sement For: Other (s | Primary pecify) ▶ | X General |
| Full Name of Payee Aaron R Cowart Mailing Address 184 South Military Rd | | | | Date of Publ | ic Distribution/I | Dissemination 2014 |
| City | State | Zip Code | | · · · · | | 13.50 |
| Slidell | LA | 70458 | | | D: 3ed5bc8b-3 | 3834-42fe-a |
| Purpose of Expenditure Mileage | | Category/ Type | 002 | 11 | 23 | 2014 Y |
| Name of Federal Candidate | | Suppo | ort Office | Sought: | House [| District: 00 |
| Ms. Mary L Landrieu | | X Oppos | se | President | Senate | State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 300284.61 | Disbur 2014 | sement For: Other (s | Primary pecify) ▶ | X General |
| (a) SUBTOTAL of Itemized Independent Expenditure | es | | ······ > | 7 | 7 | 53.50 |
| (b) SUBTOTAL of Unitemized Independent Expendit | tures | | ······ > | - | | |
| (c) TOTAL Independent Expenditures | | | ······ > | | | |
| Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its | ate or authorized | | | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] | Date 11 | M / D D D 25 | 2014 | Y Y |
| Signature | | | | | | |

PAGE

OF

| Schedule E) | VI EXI END | TOTIES | | PAGE 7 OF 29 FOR SE OF FORM 24/48 |
|---|--------------------|-----------------------|---------------------|--|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | | M / D D / Y D Y D Y |
| Full Name of Payee | | | Date of | of Public Distribution/Dissemination |
| Gregory Green | | | М | 11 23 / 2014 |
| Mailing Address 2506 Bolch Street | | | Amou | nt |
| City | State | Zip Code | — I | 20.00 |
| Shreveport | LA | 71104 | | action ID : fd69cb8d-662a-4f82-9 of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 11 23 / 2014 |
| Name of Federal Candidate | | Support | Office Sough | t: House District:00 |
| Ms. Mary L Landrieu | | X Oppose | Preside | ent X Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | ; | 300284.61 | Disbursemen 2014 O | t For: Primary ⊠ General ther (specify) ▶ |
| Full Name of Payee | | | Date | of Public Distribution/Dissemination |
| Gregory Green | | | | 11 23 2014 |
| Mailing Address 2506 Bolch Street | | | Amou | nt |
| City | State | Zip Code | | 20.10 |
| Shreveport | LA | 71104 | | oction ID : c9924f53-bbc8-45d2-b of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 11 23 / 2014 |
| Name of Federal Candidate | | Support | Office Sough | t: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Preside | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 300284.61 | Disbursemen 2014 | t For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | | 40.10 |
| (,) | | | | 7 1 7 1 7 1 |
| (b) SUBTOTAL of Unitemized Independent Expendent | litures | | • | 49-1-49-1-49-1 |
| (c) TOTAL Independent Expenditures | | | • | 7 1 7 1 7 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | date or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 / | 25 / 2014 |
| = | | | | |

| Schedule E) | INT EXILIND | ITOTILO | | PAGE 8 OF 29 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|-----------------------------|--|
| NAME OF COMMITTEE (In Full) | | | FE | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | rt filed on | M / D = D / Y = Y = Y |
| Full Name of Payee Helen Celestine | | | Date of I | |
| Mailing Address 38346 Quinn Rd | | | Amount | 23 2014 |
| City | Ctoto | 7in Code | | 40.00 |
| City Pearl River | State LA | Zip Code 70452 | | 40.00 tion ID: 04de4d1f-f4eb-48b9-8 Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 11 | M / D D / Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 300284.61 | Disbursement F 2014 Othe | or: Primary X General or (specify) ▶ |
| Full Name of Payee | | | Date of | Public Distribution/Dissemination |
| Helen Celestine | | | M 11 | |
| Mailing Address 38346 Quinn Rd | | | Amount | |
| City | State | Zip Code | | 13.50 |
| Pearl River | LA | 70452 | | on ID : 955ac0e3-d33c-4180-b Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M 11 | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President | |
| Calendar Year-To-Date Per Election for Office Sought | -,, | 300284.61 | Disbursement F 2014 Othe | for: |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | | 53.50 |
| (b) SUBTOTAL of Uniternized Independent Exper | dituros | | | 7 1 7 1 7 1 |
| (b) SOBTOTAL OF Officernized independent Exper | iditures | | • | 4-1-4-1-4-1 |
| (c) TOTAL Independent Expenditures | | | · | 7 1 7 1 7 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or | idate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | | 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | | | | |

| Schedule E) | LIVI EXI LIVE | ITOTILO | | PAGE 9 OF 29 FOR SE OF FORM 24/48 |
|---|----------------------|-----------------------|---------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC | IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | C00530766 |
| Check if 24-hour report 48-hour report | X New rep | ort Amends repo | rt filed on | / D = D / Y = Y = Y |
| Full Name of Payee Francis Richardson | | | M = M | lic Distribution/Dissemination |
| Mailing Address 220 Doucet Rd | | | Amount | 23 2014 |
| City | State | Zip Code | | 30.00 |
| Lafayette | LA | 70503 | | ID: e2f3a207-4f54-482c-9 oursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M M 11 | 23 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 300284.61 | Disbursement For: 2014 Other (s | Primary X General |
| Full Name of Payee Francis Richardson | | | Date of Pub | lic Distribution/Dissemination |
| Mailing Address 220 Doucet Rd | | | 11 | 23 2014 |
| | | | Amount | |
| City | State | Zip Code | | 2.10 |
| Lafayette Purpose of Expenditure | LA | 70503 | Date of Disk | ID: 3f8bd0c8-a9aa-44f4-b oursement or Obligation |
| Mileage | | Category/ Type 002 | 11 | 23 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Mary L Landrieu | | X Oppose | President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 300284.61 | Disbursement For: 2014 Other (s | Primary X General |
| (a) SUBTOTAL of Itemized Independent Expend | itures | | | 32.10 |
| (b) SUBTOTAL of Unitemized Independent Expe | enditures | | | |
| (c) colling of children inasperdent Expe | | | | 72 72 |
| (c) TOTAL Independent Expenditures | | | • | 49. 1 49. |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or | didate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 / 25 | 2014 |
| • | | | | |

| | | FOR SE OF FORM 24/48 |
|--|---|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report 48-hour report | New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | D | Pate of Public Distribution/Dissemination |
| Virginia T Grant | | 11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 134 Shore Crest Circle | А | mount |
| City | tate Zip Code | 40.00 |
| Carrire | MS 39426 T | ransaction ID : d0932a35-d218-4630-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 11 23 7 2014 |
| Name of Federal Candidate | Support Office So | ought: House District: 00 |
| Ms. Mary L Landrieu | Oppose Pr | resident State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 300284.61 Disburse 2014 | ement For: Primary |
| Full Name of Payee Virginia T Grant | C | Date of Public Distribution/Dissemination |
| Mailing Address 134 Shore Crest Circle | А | Amount |
| City | tate Zip Code | 9.60 |
| Carrire | | ansaction ID: 74aa7656-f227-438f-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 11 23 / Y Y Y Y 2014 |
| Name of Federal Candidate | Support Office S | ought: House District: 00 |
| Ms. Mary L Landrieu | Oppose Pr | resident State: LA State: |
| Calendar Year-To-Date Per Election for Office Sought | 300284.61 Disburse 2014 | ement For: Primary X General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | ······ | 49.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | S | 1 1 4 1 4 1 4 1 |
| (c) TOTAL Independent Expenditures | ····· | 1 1 7 1 1 7 1 1 7 |
| Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate comparty committee) any political party committee or its age | or authorized committee or agent of either, o | |
| Ms. Emily Buchanan Signature | [Electronically Filed] Date 11 | 25 2014 |
| Oignaturo | | |

PAGE

10

OF

| Schedule E) | JIII J. 11122. 2.122 | itti Ext Etta. | 1101120 | | PAGE 11 OF 29 FOR SE OF FORM 24/48 |
|-----------------------------------|-----------------------------|---------------------|-----------------------|-------------------|--|
| NAME OF COMMITTEE | | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak | Out PAC | | | | C C00530766 |
| | | | | | M = M / D = D / Y = Y = Y |
| Check if X 24-hour re | | New rep | ort Amends repo | ort filed on | |
| Full Name of Payee Christopher N | /larquess | | | | of Public Distribution/Dissemination |
| Mailing Address 11 | 0 W Pecan St | | | Amou | |
| City | | State | Zip Code | — I L. | 45.00 |
| Ville Platte | | LA | 70586 | | saction ID: 97af6463-f4f7-4315-8 of Disbursement or Obligation |
| Purpose of Expendi Salary | ture | | Category/ Type 001 | | 11 23 / 2014 |
| Name of Federal Ca | andidate | | Support | Office Sough | ht: House District: 00 |
| Ms. Mary L Landrie | ı | | Oppose | Presid | |
| Calendar Year- Per Election fo | To-Date r Office Sought | 3 | 300284.61 | Disbursemer 2014 | ont For: |
| Full Name of Payer Christopher M | | | | Date | of Public Distribution/Dissemination |
| Chinatobilet ivi | aiquess | | | | 11 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address | 110 W Pecan St | | | Amou | ount |
| City | | State | Zip Code | <u> </u> | 31.50 |
| Ville Platte | | LA | 70586 | | saction ID: 18b0df08-10c8-4fb4-a of Disbursement or Obligation |
| Purpose of Expendi Mileage | ture | | Category/ Type 002 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal C | andidate | | Support | Office Soug | ght: House District: 00 |
| Ms. Mary L Landrie | <u> </u> | | Oppose | Presid | dent Senate State: LA |
| Calendar Year- Per Election fo | To-Date r Office Sought | 7 7 | 300284.61 | Disbursement 2014 | ent For: |
| (a) SURTOTAL of lite | emized Independent Expendit | urae | | , , | 76.50 |
| (a) SUBTUIAL OF IN | япігей інференцені Ехронан | ures | | " - | 70.30 |
| (b) SUBTOTAL of U | nitemized Independent Expen | ditures | | ·· • | |
| (c) TOTAL Independ | ent Expenditures | | | | |
| with, or at the reques | | idate or authorized | | | cooperation, consultation, or concert f the reporting entity is not a political |
| Ms. Emi | ly Buchanan | [Electron | nically Filed] Date | e 11 | 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | _ | | |

| Schedule E) | LIVI EXI EIVE | TOTILO | | PAGE 12 OF 29 FOR SE OF FORM 24/48 |
|---|-----------------------|-----------------------|-------------------------|---|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | | M / D = D / Y = Y = Y |
| Full Name of Payee Jessica R Resendiz | | | М | f Public Distribution/Dissemination |
| Mailing Address 9685 Paula St | | | Amour | 11 23 2014 nt |
| City | State | Zip Code | | 80.00 |
| Keithville | LA | 71047 | | action ID: 407d41f8-25c6-49de-9 If Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | М | 11 23 2014 |
| Name of Federal Candidate | | Support | Office Sought | : House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Preside | |
| Calendar Year-To-Date Per Election for Office Sought | 3 | 300284.61 | Disbursement 2014 Ot | For: Primary |
| Full Name of Payee | | | Date of | of Public Distribution/Dissemination |
| Jessica R Resendiz | | | M | 11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 9685 Paula St | | | Amour | nt |
| City | State | Zip Code | | 25.80 |
| Keithville | LA | 71047 | | ction ID: 04f02876-0b67-4dd4-8 of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 11 23 / 2014 |
| Name of Federal Candidate | | Support | Office Sough | t: House District:00 |
| Ms. Mary L Landrieu | | X Oppose | Preside | |
| Calendar Year-To-Date Per Election for Office Sought | . , , | 300284.61 | Disbursement 2014 Of | t For: |
| (a) SUBTOTAL of Itemized Independent Expen | ditures | | | 105.80 |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | | |
| ., | | | | 4 4 4 |
| (c) TOTAL Independent Expenditures | | | • | |
| Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or | ndidate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 / | 25 / 2014 |
| S.g.iataro | | | | |

| | | FOR SE OF FORM 24/48 |
|-----|--|---|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷V | omen Speak Out PAC | C C00530766 |
| Che | eck if 24-hour report 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| П | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Mary Frank | 11 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 14 Ramblewood Drive | Amount |
| ŀ | City State Zip Code | 15.00 |
| | Covington LA 70435 | Transaction ID: f7f5bb0d-7c34-46d8-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | M 11 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| ı | Name of Federal Candidate Support Office | Sought: House District:00 |
| | Ms. Mary L Landrieu | President Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | rsement For: |
| | Full Name of Payee Mary Frank Mailing Address 14 Ramblewood Drive | Date of Public Distribution/Dissemination |
| | 14 Ramblewood Drive | Amount |
| ı | City State Zip Code | 5.40 |
| | Covington LA 70435 | Transaction ID: 7fe7338e-4a7d-499d-8 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 11 23 7 2014 |
| ľ | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Ms. Mary L Landrieu Oppose | President State: LA State: |
| | Calendar Year-To-Date Per Election for Office Sought Disbu 2014 | rsement For: Primary X General Other (specify) ▶ |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | 20.40 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (| Co) TOTAL Independent Expenditures | 4 |
| ٧ | Under penalty of perjury I certify that the independent expenditures reported herein were not may vith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date Signature | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Oignature | |

PAGE

13

OF

| Schedule E) | IN EXICIO | ITOTILO | | PAGE 14 OF 29 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|----------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC II | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | rt filed on | / D = D / Y = Y = Y |
| Full Name of Payee Patricia F Arnold | | | Date of Publi | c Distribution/Dissemination |
| Mailing Address 1117 Clipper Dr | | | Amount | 23 2014 |
| | | | | |
| City Slidell | State LA | Zip Code 70458 | | 52.00 ID : ba288d85-68eb-4fcc-b |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbi | ursement or Obligation / 23 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | Oppose | | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , , | 300284.61 | Disbursement For: 2014 Other (sp | Primary ☐ General Decify) ▶ |
| Full Name of Payee Patricia F Arnold | | | Date of Publi | ic Distribution/Dissemination |
| Mailing Address 1117 Clipper Dr | | | 11 | 23 2014 |
| | | | Amount | |
| City | State | Zip Code | | 9.30 |
| Slidell Purpose of Expenditure | LA | 70458 | | D: 722d8ffc-91e1-4815-a ursement or Obligation |
| Mileage | | Category/ Type 002 | 11 | 23 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 300284.61 | Disbursement For: 2014 Other (s | Primary X General pecify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | | 61.30 |
| | | | | |
| (b) SUBTOTAL of Unitemized Independent Exper | nditures | | · • | 7 |
| (c) TOTAL Independent Expenditures | | |) | 1 1 2 1 1 2 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candiparty committee) any political party committee or | idate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 / 25 | 2014 |
| 3 | | | | |

| Schedule E) | LINDITOTILO | PAGE 15 OF 29 FOR SE OF FORM 24/48 |
|---|--------------------------------|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| | | |
| Check if 24-hour report 48-hour report | New report Amends report filed | on Man / Dab / Yayay |
| Full Name of Payee Jeanne Tribou | | Date of Public Distribution/Dissemination |
| | | 11 23 2014 |
| Mailing Address 22369 Ponderosa Dr. | | Amount |
| City State | Zip Code | 40.00 |
| Mandeville LA | 70471 | Transaction ID: d8085d48-a62d-4b1e-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office | e Sought: House District: 00 |
| Ms. Mary L Landrieu | ∑ Oppose □ | President State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 300284.61 Disbu | ursement For: Primary |
| Full Name of Payee | 1 | Date of Public Distribution/Dissemination |
| Jeanne Tribou | | 11 23 2014 |
| Mailing Address 22369 Ponderosa Dr. | | Amount |
| City City | 71 Octo | |
| City State Mandeville LA | Zip Code 70471 | 15.60 Transaction ID: 2e005644-7af9-4b0c-a |
| Purpose of Expenditure | Category/ 002 | Date of Disbursement or Obligation |
| Mileage | Type 002 | 11 23 2014 |
| Name of Federal Candidate | | e Sought: House District: 00 |
| Ms. Mary L Landrieu | ∑ Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 300284.61 Disb 2014 | ursement For: |
| | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | ····· | 55.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | • | |
| (c) TOTAL Independent Expenditures | | |
| (b) TOTAL IIIUOPOIIUOIII EXPOIIUIIUIOO | > | 4 4 |
| Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or at party committee) any political party committee or its agent. | | |
| Ms. Emily Buchanan | [Electronically Filed] Date | 1 25 2014 |
| Signature | | |

| Schedule E) | I EXI END | HONEO | | PAGE 16 OF 29 FOR SE OF FORM 24/48 |
|---|-------------------|-----------------------|---------------------|--|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | ort filed on | = M / D = D / Y = Y = Y |
| Full Name of Payee Jennifer F Gilbert | | | | of Public Distribution/Dissemination |
| Mailing Address 180 McNeil Steep Hollow Rd | | | Amou | 11 23 2014 nt |
| City | State | Zip Code | | 50.00 |
| Carriere | MS | 39426 | | action ID : 661c4737-7677-42e9-8 of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sough | it: House District: 00 |
| Ms. Mary L Landrieu | | Oppose | Preside | ent State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , , | 300284.61 | Disbursemen 2014 | ther (specify) ▶ |
| Full Name of Payee | | | Date | of Public Distribution/Dissemination |
| Jennifer F Gilbert | | | | / I M / D D / Y Y Y Y Y |
| Mailing Address 180 McNeil Steep Hollow Rd | | | | 11 23 2014 |
| Too worden Steep Honow Nu | | | Amou | int |
| City | State | Zip Code | | 44.70 |
| Carriere Purpose of Expenditure | MS | 39426 | Transa Date | of Disbursement or Obligation |
| Mileage | | Category/ Type 002 | | 11 23 / 2014 |
| Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| Ms. Mary L Landrieu | | Oppose | Presid | |
| Calendar Year-To-Date Per Election for Office Sought | , , | 300284.61 | Disbursemer 2014 | nt For: |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditure | es | | ·· • | 94.70 |
| (b) SUBTOTAL of Unitemized Independent Expendit | :ures | | ·· • | |
| (c) TOTAL Independent Expenditures | | | · • | 7 7 |
| Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its | ate or authorized | | | |
| Ms. Emily Buchanan | [Electron | nically Filed] Date | e 11 | 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | | |

| Schedule E) | INI EXI END | HONES | | PAGE 17 OF 29 FOR SE OF FORM 24/48 |
|--|----------------------|-----------------------|-----------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FI | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New rep | oort Amends repo | ort filed on | M / D = D / Y = Y = Y |
| Full Name of Payee | | | Date of | Public Distribution/Dissemination |
| Zachary Vidrine | | | M 1 | |
| Mailing Address 202 Rue Des Cajun | | | Amount | |
| City | State | Zip Code | | 30.00 |
| Ville Platte | LA | 70586 | | tion ID: 524417e4-5653-4c1c-a Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 1 | M / D D / Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , | 300284.61 | Disbursement F 2014 Other | For: Primary X General er (specify) ▶ |
| Full Name of Payee | | | Date of | Public Distribution/Dissemination |
| Zachary Vidrine | | | 1 | |
| Mailing Address 202 Rue Des Cajun | | | Amount | |
| City | State | Zip Code | | 10.80 |
| Ville Platte | LA | 70586 | | ion ID : 3544028b-fabf-4f8c-a Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 1 | |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Mary L Landrieu | | X Oppose | President | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 300284.61 | Disbursement F 2014 Othe | For: Primary X General er (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendi | tures | | | 40.80 |
| ,, | | | | 7 |
| (b) SUBTOTAL of Unitemized Independent Exper | nditures | | · • | 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 1 7 1 7 |
| Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or | lidate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | | 25 / 2014 |
| = | | | | |

| Schedule E) | II EXI END | TOTIES | | PAGE 18 OF 29 FOR SE OF FORM 24/48 |
|--|-------------------|-----------------------|-----------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FE | C IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report 48-hour report | X New rep | ort Amends repo | rt filed on | / D = D / Y = Y = Y |
| Full Name of Payee | | | Date of P | ublic Distribution/Dissemination |
| Ryan Drake | | | M 11 | 23 / 2014 |
| Mailing Address 29637 Park St | | | Amount | |
| City | State | Zip Code | | 20.00 |
| Walker | LA | 70785 | | on ID: ec83392f-8fff-4f03-8 visbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 | 23 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 3 | 300284.61 | Disbursement For 2014 Other | or: |
| Full Name of Payee | | | Date of P | Public Distribution/Dissemination |
| Ryan Drake | | | 11 | 23 / 2014 |
| Mailing Address 29637 Park St | | | Amount | |
| City | State | Zip Code | | 2.40 |
| Walker | LA | 70785 | | on ID: 353f7550-d540-41c8-8 Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 | 23 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 300284.61 | Disbursement For 2014 Other | or: Primary X General r (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditur | es | | | 22.40 |
| (b) SUBTOTAL of Unitemized Independent Expendi | tures | | | |
| (-, | | | | 7 7 7 |
| (c) TOTAL Independent Expenditures | | | • | 47 47 45 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid- party committee) any political party committee or its | ate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | | 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| - | | | | |

| Schedule E) | I EXI END | TOTILO | | PAGE 19 OF 29 FOR SE OF FORM 24/48 |
|---|-------------------|-----------------------|----------------------------|--|
| NAME OF COMMITTEE (In Full) | | | F | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | rt filed on | M / D = D / Y = Y = Y |
| Full Name of Payee Cynthia N Schmit | | | Date of | Public Distribution/Dissemination |
| Mailing Address 2226 Taft Circle Apt 1 | | | | 1 23 2014 |
| | | | Amount | |
| City | State | Zip Code | | 15.00 |
| Winchester | VA | 22601 | | ction ID: 6e2f3351-129f-4d3c-a Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 1 | 1 23 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Presiden | t Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 3 | 300284.61 | Disbursement I 2014 Oth | For: Primary X General er (specify) ▶ |
| Full Name of Payee | | | Date of | Public Distribution/Dissemination |
| Theresa a Youngblood | | | | 1 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 102 S Main Street Apt A2 | | | Amount | |
| City | State | Zip Code | | 110.00 |
| Berryville | VA | 22611 | | tion ID : 6e4972dc-29b7-4cf4-8 Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 1 23 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Presiden | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 300284.61 | Disbursement 2014 Oth | For: |
| (a) SUBTOTAL of Itemized Independent Expenditure | es | | | 125.00 |
| | | | | 7 1 7 1 7 |
| (b) SUBTOTAL of Unitemized Independent Expendit | ures | | · - | 7 7 7 |
| (c) TOTAL Independent Expenditures | | | • | 77 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its | ite or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | | 25 2014 |
| Jigitata 0 | | | | |

| | modulo E) | | | FOR SE OF | FORM 24/48 |
|-----|---|-----------|---------|--------------------------------|---------------|
| | ME OF COMMITTEE (In Full) | F | EC I | DENTIFICATION | ON NUMBER ▼ |
| ۷۷ | omen Speak Out PAC | | С | C00530766 | |
| Che | eck if X 24-hour report 48-hour report New report Amends report filed | on | М | / D D / | Y Y Y Y Y |
| ٦ | Full Name of Payee | Date of | Publ | lic Distribution/ | Dissemination |
| | Michael Vidrine | | м 11 | 23 | 2014 |
| | Mailing Address 1103 West Wilson Street | Amount | : | | |
| - | City State Zip Code | | | | 70.00 |
| | Ville Platte LA 70586 | | | ID: 23b4486f oursement or C | -35d1-41a1-8 |
| | Purpose of Expenditure Salary Category/ Type 001 | M | 11 | 23 | 2014 |
| - | Name of Federal Candidate Support Office | e Sought: | | House | District: 00 |
| | Ms. Mary L Landrieu Oppose | Presiden | L | X Senate | State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement | | Primary | X General |
| ŀ | | | | specify) | /Diocessis ! |
| | Full Name of Payee Michael Vidrine | М | F Publ | lic Distribution | Y Y Y Y Y |
| | Mailing Address 1103 West Wilson Street | Amoun | _ | 23 | 2014 |
| - | City State Zip Code | | | | 21.30 |
| | Ville Platte LA 70586 | | | ID: ddd05230 oursement or 0 | |
| | Purpose of Expenditure Mileage Category/ Type 002 | M | 1 M | 23 | 2014 |
| | Name of Federal Candidate Support Office | e Sought: | | House | District:00 |
| | | Presider | L | X Senate | State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | | | Primary specify) ▶ | General |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | | | 7 | 91.30 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | | | 7 | |
| (| (c) TOTAL Independent Expenditures | | | | |
| ٧ | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | | | | |
| | Ms. Emily Buchanan [Electronically Filed] Date 1 | M / | 25 | 201 | 4 |
| | Signature | <u> </u> | | | |
| | | | | | |

PAGE 20

OF

| | | | | FOR SE OF | FORM 24/48 |
|-----|---|---------|----------|----------------------------------|---------------|
| | ME OF COMMITTEE (In Full) | | FEC | IDENTIFICATION | N NUMBER ▼ |
| ۷۷ | omen Speak Out PAC | | С | C00530766 | |
| Che | eck if 24-hour report 48-hour report New report Amends report filed | on | = M | / D I D / | Y I Y I Y I Y |
| | Full Name of Payee | Date of | of Pub | olic Distribution/ | Dissemination |
| | Joneisha Stewart | М | 11 M | 23 | 2014 |
| | Mailing Address 2329 Runnymede Dr | Amou | nt | | |
| ŀ | City State Zip Code | Г. | | | 40.00 |
| | Marrero LA 70072 | | | n ID: b3a15e9d bursement or C | |
| | Purpose of Expenditure Salary Category/ Type 001 | _ | 11 | 23 | 2014 |
| Ì | Name of Federal Candidate Support Office | Sough | t: | House | District: 00 |
| | Ms. Mary L Landrieu Oppose | Preside | | X Senate | State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | irsemen | | Primary specify) ▶ | X General |
| ŀ | Full Name of Payee | | | | D: : :: |
| | Joneisha Stewart | Date o | M | olic Distribution/ | Y Y Y Y Y |
| | Mailing Address 2329 Runnymede Dr | Amou | 11 nt | 23 | 2014 |
| | City State Zip Code | | | | 9.60 |
| | Marrero LA 70072 | | | ID: 6e01c837- | 6fb7-4960-b |
| | Purpose of Expenditure Mileage Category/ Type 002 | _ | 11 | 23 | 2014 |
| ľ | Name of Federal Candidate Support Office | Sough | t: | House | District:00 |
| | Ms. Mary L Landrieu | Preside | ent | X Senate | State:LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | | | Primary specify) ▶ | X General |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | | | | 49.60 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | | | 7 | |
| (| (c) TOTAL Independent Expenditures | | | 7 | |
| ١ | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | | | | |
| | Ms. Emily Buchanan [Electronically Filed] Date 1 | _M/ | 25 | | Y |
| | Signature | | _ | | |

PAGE

OF

| Schedule E) | LXI LIND | TONEO | | PAGE 22 OF 29 FOR SE OF FORM 24/48 |
|---|------------------|-----------------------|-----------------------|---|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | ort filed on | / D = D / Y = Y = Y = Y |
| Full Name of Payee Christine Stevens | | | | of Public Distribution/Dissemination |
| Mailing Address 100 Asbury Ct | | | Amou | 11 23 2014 nt |
| City | State | Zip Code | | 30.00 |
| Winchester | VA | 22602 | | action ID : 3aecc20c-df83-4dad-b of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 11 23 7 2014 |
| Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Preside | ent State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 3 | 300284.61 | Disbursemen 2014 O | at For: Primary |
| Full Name of Payee | | | Date | of Public Distribution/Dissemination |
| Jazmine d Conner | | | | 11 23 2014 |
| Mailing Address 100 ASBURY CT | | | Amou | |
| | | | | |
| City | State | Zip Code | | 30.00 |
| WINCHESTER Purpose of Expenditure | VA | 22602 | Date | of Disbursement or Obligation |
| Salary | | Category/ Type 001 | | 11 23 2014 |
| Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| Ms. Mary L Landrieu | | Oppose | Presid | |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 300284.61 | Disbursemer 2014 C | nt For: |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | S | | · • | 60.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditu | ıres | | ·· • | 141141141 |
| (c) TOTAL Independent Expenditures | | | - | 7 |
| Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a | te or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Date | e 11 | 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | | |

| | | FOR SE OF FORM 24/48 |
|----|--|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷۱ | /omen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report 48-hour report New report Amends report filed | on M M / D D / Y Y Y Y Y |
| | Full Name of Payee Jon E Conner | Date of Public Distribution/Dissemination |
| | | 11 23 2014 |
| | Mailing Address 100 Asbury Ct | Amount |
| | City State Zip Code | 30.00 |
| | Winchester VA 22602 | Transaction ID: 15c6a7d1-f2c5-4947-8 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Ms. Mary L Landrieu | President State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | orsement For: Primary |
| | Full Name of Payee Rodney O Culbreath Mailing Address 100 Asbury Ct | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 1 | City State Zip Code | 30.00 |
| | Winchester VA 22602 | Transaction ID: 593d8b12-7857-4e7c-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 / 23 / 2014 |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Mary L Landrieu Oppose | President State: LA State: |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | orsement For: Primary |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 60.00 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| ١ | Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date | 1 25 2014 |
| | Oignaturo ———————————————————————————————————— | |

PAGE

23

OF

| Schedule E) | JENT EXICIO | HOHLO | PAGE 24 OF 29 FOR SE OF FORM 24/48 |
|--|------------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report 48-hour report | New rep | oort Amends repo | rt filed on |
| Full Name of Payee Rodney D Culbreth | | | Date of Public Distribution/Dissemination |
| Mailing Address 100 Asbury CT | | | 11 23 2014 |
| 3200 Dam Neck Rd | | | Amount |
| City | State | Zip Code | 30.00 |
| Winchester | VA | 22602 | Transaction ID : 522cc174-f81a-4fee-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 300284.61 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Rze Culbreath | | | 11 23 2014 |
| Mailing Address 100 Asbury Ct | | | Amount |
| City | State | Zip Code | 30.00 |
| Winchester | VA | 22602 | Transaction ID : 6c56a702-5fd0-497d-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 23 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 300284.61 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Exper | nditures | | 60.00 |
| (b) SUBTOTAL of Uniternized Independent Ex | pondituros | | |
| (b) SOBTOTAL OF OTHER INDEPENDENT EX | perialitales | | |
| (c) TOTAL Independent Expenditures | | | • |
| | andidate or authorized | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 11 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | | | |

| Schedule E) | TOTILO | PAGE 25 OF 29 FOR SE OF FORM 24/48 |
|---|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if X 24-hour report 48-hour report New repo | rt Amends report file | ed on M M M / D D / Y Y Y Y Y Y |
| Full Name of Payee Brieshauna M Stevens | | Date of Public Distribution/Dissemination |
| Mailing Address 1703 Torrey Pines Ct | | 11 23 2014 Amount |
| City State 2 | Zip Code | 60.00 |
| Reston VA | 20190 | Transaction ID : e90bc2eb-f976-4a45-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 11 23 7 2014 |
| Name of Federal Candidate | Support Offi | ce Sought: House District: 00 |
| Ms. Mary L Landrieu | X Oppose | President State: LA |
| Calendar Year-To-Date Per Election for Office Sought 30 | Dis 201 | bursement For: Primary ☐ General Other (specify) ▶ |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Mary Frank | | 11 22 2014 |
| Mailing Address 14 Ramblewood Drive | | Amount |
| | | Amount |
| City State | Zip Code | 15.00 |
| Covington LA | 70435 | Transaction ID: b734e21f-ee9f-480a-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 11 / 22 / Y Y Y Y Y |
| Name of Federal Candidate | Support Off | ice Sought: House District: 00 |
| Ms. Mary L Landrieu | X Oppose | President X Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 300284.61 Dis 20° | bursement For: Primary X General Other (specify) ▶ |
| | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | ····· | 75.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ····· | |
| (c) TOTAL Independent Expenditures | ····· | |
| Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent. | | |
| | cally Filed] Date | 11 25 2014 |
| Signature | | |

| Schedule E) | LIVI EXI END | HONES | PAGE FOR SE | 26 OF 29 OF FORM 24/48 |
|--|---------------------|-----------------------|---|---------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICA | ATION NUMBER ▼ |
| Women Speak Out PAC | | | C C0053076 | 66 |
| Check if 24-hour report 48-hour report | X New rep | port Amends repo | rt filed on | / |
| Full Name of Payee | | | Date of Public Distribut | ion/Dissemination |
| Mary Frank | | | 11 / 22 | 2014 |
| Mailing Address 14 Ramblewood Drive | | | Amount | |
| City | State | Zip Code | | 1.56 |
| Covington | LA | 70435 | Transaction ID : 568e9 Date of Disbursement | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 / 22 | 2014 |
| Name of Federal Candidate | | Support | Office Sought: House | District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate | |
| Calendar Year-To-Date Per Election for Office Sought | | 300284.61 | Disbursement For: Prim 2014 Other (specify) ▶ | ary X General |
| Full Name of Payee | | | Date of Public Distribut | tion/Dissemination |
| Zachary Vidrine | | | 11 / 22 | 2014 |
| Mailing Address 202 Rue Des Cajun | | | Amount | |
| City | State | Zip Code | | 50.00 |
| Ville Platte | LA | 70586 | Transaction ID : 537f5e Date of Disbursement | |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 / 22 | 2014 |
| Name of Federal Candidate | | Support | Office Sought: House | District: 00 |
| Ms. Mary L Landrieu | | Oppose | President Senate | |
| Calendar Year-To-Date Per Election for Office Sought | | 300284.61 | Disbursement For: Prin 2014 Other (specify) ▶ | nary X General |
| (a) SUBTOTAL of Itemized Independent Expend | itures | | | 51.56 |
| | | | 7 | 7- |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | > | 9 |
| (c) TOTAL Independent Expenditures | | | • | 7 |
| Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or | didate or authorize | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 11 25 | Y Y Y 2014 |
| - | | | | |

| Sche | dule E) | | 101120 | | PAGE 27 OF 29 FOR SE OF FORM 24/48 |
|-------|---|------------------|-----------------------|-----------------------|---|
| | OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Wor | nen Speak Out PAC | | | | C C00530766 |
| Check | if 24-hour report 48-hour report | New repo | ort Amends repo | ort filed on | *M / D = D / Y = Y = Y |
| | Name of Payee achary Vidrine | | | | of Public Distribution/Dissemination |
| Ма | ailing Address 202 Rue Des Cajun | | | Amou | 11 22 2014 nt |
| Cit | W | State | Zip Code | | 15.60 |
| | lle Platte | LA | 70586 | | action ID: 50e02fdf-6591-4884-9 of Disbursement or Obligation |
| | rpose of Expenditure ileage | | Category/ Type 002 | | 11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Na | me of Federal Candidate | | Support | Office Sough | t: House District: 00 |
| Ms | s. Mary L Landrieu | | X Oppose | Preside | |
| | Calendar Year-To-Date Per Election for Office Sought | , , , , | 00284.61 | Disbursement 2014 O | t For: |
| | II Name of Payee Debra Lindsey | | | | of Public Distribution/Dissemination |
| Ma | ailing Address 119 Goldenwood Dr | | | Amou | 11 22 2014 nt |
| Cit | ty | State | Zip Code | | 40.00 |
| | lidell | LA | 70461 | | ction ID: 43c8a803-861e-486e-8 of Disbursement or Obligation |
| | rpose of Expenditure alary | | Category/ Type 001 | M | 11 / 22 / Y Y Y Y Y Y |
| Na | me of Federal Candidate | | Support | Office Sough | t: House District:00 |
| M | s. Mary L Landrieu | | X Oppose | Preside | ent Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought | , , , | 300284.61 | Disbursemen 2014 O | t For: |
| (a) | SUBTOTAL of Itemized Independent Expenditure: | s | | | 55.60 |
| (b) | SUBTOTAL of Unitemized Independent Expenditu | ıres | | | |
| (c) | TOTAL Independent Expenditures | | | · [| 7 7 7 |
| with | er penalty of perjury I certify that the independer, or at the request or suggestion of, any candidat y committee) any political party committee or its a | te or authorized | | | |
| | Ms. Emily Buchanan | [Electroni | ically Filed] Date | M M M / | 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 5 | Signature | | | | |

| Schedule E) | EXI END | TONEO | | PAGE 28 OF 29 FOR SE OF FORM 24/48 |
|--|-----------------|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends rep | ort filed on | M |
| Full Name of Payee Debra Lindsey | | | | of Public Distribution/Dissemination |
| Mailing Address 119 Goldenwood Dr | | | Amou | 11 22 2014 Int |
| City | State | Zip Code | | 13.50 |
| Slidell | LA | 70461 | | saction ID : c9b9434f-a308-47b8-b of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 11 22 2014 |
| Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Preside | |
| Calendar Year-To-Date Per Election for Office Sought | ; | 300284.61 | Disbursemen 2014 C | nt For: |
| Full Name of Payee | | | Date | of Public Distribution/Dissemination |
| Virginia T Grant | | | | 11 16 2014 |
| Mailing Address 134 Shore Crest Circle | | | | |
| | | | Amou | ınt |
| City | State | Zip Code | | 20.00 |
| Carrire Purpose of Expenditure | MS | 39426 | Transa Date | action ID: 2f911ed3-5c8e-4084-a of Disbursement or Obligation |
| Salary | | Category/ Type 001 | | 11 16 2014 |
| Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Presid | ent Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 300284.61 | Disbursemer 2014 | nt For: |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | S | | · • | 33.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditu | res | | ·· • | |
| (c) TOTAL Independent Expenditures | | | ·- • | 7 |
| Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a | e or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Date | e 11 | 25 2014 |
| Signature | | | | |

| ooneduic Ly | FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report 48-hour report New report Amends report filed | d on Mam / Dad / Yayayay |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Virginia T Grant | 11 16 2014 |
| Mailing Address 134 Shore Crest Circle | Amount |
| City State Zip Code | 4.20 |
| Carrire MS 39426 | Transaction ID : d33824c8-f354-4f2c-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 11 |
| Name of Federal Candidate Support Office | ce Sought: House District: 00 |
| Ms. Mary L Landrieu Oppose | President State: LA |
| Calendar Year-To-Date Per Election for Office Sought Dist | oursement For: Primary X General Other (specify) ▶ |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Mailing Address | Amount |
| City State Zip Code | |
| | Date of Disbursement or Obligation |
| Purpose of Expenditure Category/ Type | M = M / D = D / Y = Y = Y |
| Name of Federal Candidate Support Office | ce Sought: House District: |
| Oppose | President Senate State: |
| Caloridal Tour To Bato | pursement For: Primary General |
| Per Election for Office Sought | Other (specify) - |
| (a) SUBTOTAL of Itemized Independent Expenditures | 4.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | 1658.94 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| Bato | 11 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |

PAGE 29

OF